



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 4557

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/523,114	08/02/2005 RULE	435	1641	B45314

APPLICANTS
 Francois-Xavier Jacques Berthet, Rixensart, BELGIUM;
 Ralph Biemans, Rixensart, BELGIUM;
 Philippe DENOel, Rixensart, BELGIUM;
 Christiane Feron, Rixensart, BELGIUM;
 Carine Goraj, Rixensart, BELGIUM;
 Jan Poolman, Rixensart, BELGIUM;
 Vincent Weynants, Rixensart, BELGIUM;

**** CONTINUING DATA *******
 This application is a 371 of PCT/EP03/08567 07/31/2003

**** FOREIGN APPLICATIONS *******
 UNITED KINGDOM 0218037.0 08/02/2002
 UNITED KINGDOM 0218036.2 08/02/2002
 UNITED KINGDOM 0218035.2 08/02/2002
 UNITED KINGDOM 0218051.1 08/02/2002
 UNITED KINGDOM 0220197.8 08/30/2002
 UNITED KINGDOM 0220199.4 08/30/2002
 UNITED KINGDOM 0225524.8 11/01/2002
 UNITED KINGDOM 0225531.3 11/01/2002
 UNITED KINGDOM 0230164.6 12/24/2002
 UNITED KINGDOM 0230168.7 12/24/2002
 UNITED KINGDOM 0230170.3 12/24/2002
 UNITED KINGDOM 0305028.3 03/05/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY BELGIUM	SHEETS DRAWING 1	TOTAL CLAIMS 71	INDEPENDENT CLAIMS 4
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS
 20462
 k)

TITLE
 Vaccine composition comprising transferrin binding protein and hsf from gram negative bacteria

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of

RECEIVED 3780	No. _____ to charge/credit DEPOSIT ACCOUNT	time)
	No. _____ for following:	<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit